

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10736079
Filing Date	12/15/03
First Named Inventor	Lee Hill
Art Unit	2617
Examiner Name	Stephen, Emen O
Attorney Docket Number	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Please withdraw me as attorney or agent for the above identified patent application, and

OCT - 2 2008

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: _____

OFFICE OF PETITIONS

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

<input type="checkbox"/> 10.40(b)(1)	<input checked="" type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

The remaining attorneys of record keep the client informed
 3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:
 My withdrawal is necessary as I have been appointed an Administrative Patent

Judge and thus, may not be an attorney on any applications pending before the office.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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A. The address of the inventor or assignee associated with Customer Number: _____

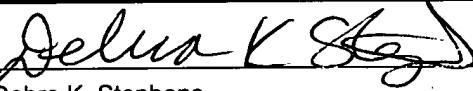
OR

B. Inventor or
 Assignee name _____

Address

City	State	Zip	Country
Telephone	Email		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature			
Name	Debra K. Stephens	Registration No.	38,211
Address 301 Edgemore Avenue			
City Cary	State NC	Zip 27519	Country USA
Date	Telephone No. 571-272-8803		

NOTE: Withdrawal is effective when approved rather than when received.

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